

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s)

Case Name

United States of America v. Approximately 69,370 Bitcoin et al

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature

Adesijuola Ogunjobi

Date

1/20/2021

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal. Please state your issues on appeal. (*attach additional pages if necessary*)

SEE ATTACHED 7 PAGES OF SUPPLEMENT TO SUPPORT THE REQUEST.

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 00	\$ N/A	\$ 00	\$
Self-Employment	\$ 00	\$	\$ 00	\$
Income from real property (such as rental income)	\$ 00	\$	\$ 00	\$
Interest and Dividends	\$ 00	\$	\$ 00	\$
Gifts	\$ 00	\$	\$ 00	\$
Alimony	\$ 00	\$	\$ 00	\$
Child Support	\$ 00	\$	\$ 00	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 00	\$	\$ 00	\$
Disability (such as social security, insurance payments)	\$ 00	\$	\$ 00	\$
Unemployment Payments	\$ 00	\$	\$ 00	\$
Public-Assistance (such as welfare)	\$ 00	\$	\$ 00	\$
Other (specify) DOE BENEFITS	\$ 452	\$	\$ 452	\$
TOTAL MONTHLY INCOME:	\$ 452	\$	\$ 452	\$

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

2. List your employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

3. List your spouse's employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

4. How much cash do you and your spouse have? \$

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
SUNTRUST	CHECKING	\$ 1,649	\$ N/A
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other Real Estate	Value
N/A/ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Motor Vehicle 1: Make & Year	Model	Registration #	Value
N/A	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Motor Vehicle 2: Make & Year	Model	Registration #	Value
N/A	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>